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D. EDWARDS

S. FICHMAN

N. H. BERRY

J. HARDY

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PSYCHIATRIC INTERVENTION AFTER RETIREMENT FOR YOUNG MEN[1]

Darrel Edwards, Susan Fichman, Newell H. Berry and Judith Hardy

Naval Health Research Center

San Diego, California

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ABSTRACT

Seventy-four retired men from the naval service between 33 and 65 were seen as psychiatric outpatients. Alcoholism was a dominant presenting problem. Several men had been retired from the military with a diagnosis of psychosis, and they were being followed. One-fourth of the men were self-referrals with no psychiatric disease, but who were experiencing transient situational stresses. When compared to NIMH statistics, the data revealed that situational stresses for men who retire young are a significantly unique problem for the naval services which requires special attention.

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PSYCHIATRIC INTERVENTION AFTER RETIREMENT FOR YOUNG MEN

Retirement from the military poses many problems for veterans. A smooth transition from past employment to a new, civilian role is the desired goal. The sociological problems facing retirees have been examined with an interest in the retirement system and its financial and industrial effects on the community which retired military enter (Biderman, 1972; 1966). This interest includes cost of retirement plans and the militarizing effect of retirement systems on civilian institutions; i.e., the assumed tendency to influence institutions in a conservative, traditional direction due to the military experience of the retiree. Expectations for post-retirement activities and the problems involved in a second career were also examined (Biderman, 1967). The effects of disability rating on post-retirement employment of men with disabling psychiatric disorders have been reported (Gunderson, Ransom, 1967). These studies were primarily employment oriented and criteria in them centered around establishing and maintaining employment after retirement.

The emotional adjustment to retirement from the military provided the stimulus for this report. Military retirees visiting eleven outpatient facilities of the Navy were studied. The kinds of problems which brought these men to the psychiatrist, the individual characteristics of the man, the diagnoses and the dispositions recommended by the doctors were examined. Percentages of men by diagnostic category for retired personnel and active duty men were compared. These comparisons were made to determine whether there were significant differences in percentages for these two groups. A comparison of 120,257 men of similar age seen at community mental health centers, as reported by NIMH (1971), was made.

Method

Retired Personnel

During October 1971 - February 1973, 74 retired military men with a modal age of 47 and a mean age of 41.16 years (range 33 - 65) were seen at eleven selected outpatient psychiatric services in the Navy. Each man filled out a form containing demographic and attitudinal information, items from the Health Opinion Survey (Gunderson, Arthur, Wilkins, 1968), and personal expectational statements regarding this visit to the psychiatrist. A psychiatrist also filled out a form on each man giving the referral source, a statement of the problem, motivational information, a diagnosis and recommended disposition.

Six clinical groups were examined as follows: (a) 13 alcoholics (17%), (b) 16 psychotics (22%), (c) 5 personality disorders (7%), (d) 8 situational maladjustments (11%), (e) 14 neurotics (19%), and (f) 18 with no clinical diagnosis (24%). Each category was analyzed to determine whether there were distinguishing characteristics between each diagnostic group. The analyses aimed at pointing out the difficulties the various groups of men experienced after retirement. A profile for each category was developed from modal scores on the variables included in the study.

Results

The results of this study are presented by diagnostic grouping. The psychiatrists' evaluation of motivational and attitudinal variables included terms such as "fair" or "good." These terms were the ones presented to the physicians on their forms and therefore reflected selection of those terms by the doctors. Following the modal profiles are the results of the comparison of the active duty and retired sample.

Active Duty Personnel

The active duty sample consisted of 4734 men seen at eighteen selected outpatient psychiatric services in the Navy from October 1971 - February 1973. Identical forms were completed by both the active duty personnel and the psychiatrists as were used for data collection with the retired sample. Percentages of men in each of the six clinical groups were derived for comparison with the retired sample.

NIMH Community Health Patients

The community sample was collected by the National Institute of Mental Health. Data on age, sex, and diagnostic distribution of admissions to the outpatient psychiatric services during October 1969 were reported. For the comparison with the retired sample, 120,257 men between the ages of 35 - 64 were used.

Psychiatric profiles of Retired Service Men

Alcoholics. The pattern of modal responses indicated that the alcoholics were white high school graduates in their later 40s, were married, and had two or more dependents. They wondered if anything was worthwhile and had not seen a psychiatrist before. A doctor or the patient's wives told them to see the psychiatrist, and they perceived the problems as not as serious as they appeared to the psychiatrist. That is, half of the men expected to be sent to outpatient treatment, while the psychiatrists generally hospitalized the men. They wanted help, had good attitudes, and were recommended to be treated in an inpatient setting or as an outpatient.

Psychotics. The psychotics seen were white males who did not finish high school, were in their mid 40s, married and had two or more dependents. They had seen a psychiatrist before and had referred themselves or were referred by a physician. The patients expected further outpatient treatment. They were seeking help and had good attitudes. They were diagnosed depressive or schizophrenic and were recommended for outpatient treatment or for hospitalization.

Personality Disorders. The men diagnosed as having personality disorders were typically white high school non-graduates in their mid 40s. They were married with two or more dependents. They were in good spirits and had seen a psychiatrist before. They felt it was their idea to see the psychiatrist. The psychiatrist saw the problems as situational and indicated that the men had referred themselves or were seen by a doctor first. The men wanted help, had fair attitudes and the diagnoses were varied (paranoid personality, sexual deviation--pedophilia, sexual deviation--exhibitionism, drug dependence--opium, opium alkaloids, and their derivatives, and asthenic personality--includes inadequate, passive-aggressive, and passive-dependent). They were sent to outpatient treatment although they expected to be hospitalized.

Situational Maladjustments. The men diagnosed situational maladjustment were white high school non-graduates in their late 40s. They were married with a few dependents, they might have seen a psychiatrist before, and reported that a doctor referred them to the outpatient clinic. They expected further outpatient treatment and the psychiatrist viewed their problems as marital. The psychiatrist indicated that a doctor referred the patients who wanted help and they had fair attitudes toward life. No treatment was considered.

Neurotics. The neurotics were white high school graduates in their late 40s. They were married with two or more dependents, probably had not seen a psychiatrist before, and had the idea to see one now themselves, or were referred by a doctor. They expected further outpatient treatment and that is what was recommended by the psychiatrist. The psychiatrist thought the men feared they were "going crazy" and that a general practitioner or the men themselves had the idea to contact the clinic. They were seeking help, had fair attitudes, and were depressed.

No Clinical Diagnosis. The men who received no diagnosis were white high school graduates in their early 50s. They were married with two or more dependents. They had not seen a psychiatrist before, and they were referred by a physician. They expected to be found mentally healthy or to go into further outpatient treatment. The psychiatrist thought that the patients were there because they feared "going crazy" or that they had marital problems. The psychiatrist indicated that a general practitioner

had referred the patients to psychiatry. Their motivation for treatment was fair and so was their attitude. Either no treatment was given or the patients were referred to another medical service for treatment. There were no somatic patterns by diagnosis and most reported complaints were common to all categories.

Retired Patients versus Active Duty Patients

A comparison of the proportion of men in each diagnostic group for active duty servicemen seen at outpatient clinics and retired servicemen seen at outpatient clinics pointed out some significant differences, as shown in Table 1. In three of the diagnostic categories, alcoholic, psychotic, and neurotic, the retired sample had significantly higher percentages of men. For the diagnosis of personality disorder, the retirees had a significantly lower percentage of men.

Difference in the Proportion of Men in 6 Diagnostic Categories for Active Duty Outpatients and Retired Outpatients

Table 1

	Active duty Outpatient (N = 4734)	Retired Outpatient (N = 74)	z	p
Alcoholic	2%	17%	3.43	>.001
Psychotic	3%	22%	3.94	>.001
Personality disorder	45%	7%	12.46	>.001
Situational maladjustment	15%	11%	1.09	>.13
Neurotic	7%	19%	2.81	>.002
No Diagnosis	28%	24%	0.60	>.27

Community Mental Health Patients versus Retired Patients

The percentages of male civilians in each diagnostic category seen at community outpatient clinics and the retired men are summarized in Table 2. There were a similar number of alcoholics and neurotics at Navy facilities and community mental health centers. For men diagnosed personality disorder the percentage at community facilities were nearly double that of retirees at Navy facilities. The community sample also had a higher percentage of psychotics than did the retired sample. There were nearly four times as many men diagnosed situational maladjustment in the retired sample than in the community sample. Half as many men were seen at Navy clinics who were given no diagnosis than were seen at community outpatient clinics.

Table 2

Percentages by Selected Diagnoses of Men Admitted to Community Mental Health Outpatient Clinics and Retired Navy Men at Navy Outpatient Clinics

	NIMH Patients (N = 120, 257)	Navy Retired Patients (N = 74)
Alcoholic	20.7	17
Psychotic	29.8	22
Personality Disorder	12.5	7
Situational Maladjustment	2.8	11
Neurotic	17.4	19
No diagnosis	12.6	24

Discussion

Most of the men in the sample appeared to have little difference in demography. The main difference was in amount of schooling completed before the service. Alcoholics, neurotics, and those who received no diagnosis were high school graduates. The psychotics were approximately evenly divided with the non-graduate total being slightly higher. It appeared that somatic complaints had little bearing on diagnosis or dispositions since those with no diagnosis also reported general somatic complaints. This was congruent with other findings of the instability of the Health Opinion Survey scores as predictors (Fichman, Edwards, Berry, 1973).

Alcoholics expected the opposite disposition from the one the psychiatrist recommended. The alcoholics did not see the problems as being as serious as the doctor did and they were told by someone else to see the psychiatrist. It seemed that the men diagnosed alcoholic were unaware of or denied the existence of a problem. The psychotic patients did not expect to be hospitalized but had the idea to see a psychiatrist themselves. The psychotics seemed aware they had a problem and had seen a psychiatrist before. Those men diagnosed personality disorder appeared to be crying out for help. They had seen a psychiatrist before, they initiated the visit this time, and they expected to be hospitalized. Those diagnosed situational maladjustment essentially were seeking help with their marital difficulties. They expected to see the psychiatrist in continued outpatient treatment but the psychiatrist found them in need of no further treatment. Neurotics appeared to know they had a problem and had an idea of its severity. They had not seen

a psychiatrist before and correctly expected outpatient treatment. The men with no clinical diagnosis were found mentally sound and had been referred to psychiatry by a medical officer. It is possible these men were being screened for disability rating or were seen for some other screening reason.

The differences between the active duty and retired sample might have been accounted for by the age disparity between the two groups. The mean age for the active duty sample was 21.98 years, while the mean age for the retired sample was 41.16 years, twenty years greater. The incidence of personality disorders in the younger active duty men has been investigated and shown to be high (Edwards, Berry, 1973). When the men in the retired sample were compared to men in the community some striking differences in percentages were seen. The fact that these men were retiring 20 years earlier than their same aged counterparts in the community contribute to these differences.

The community facilities were seeing twice as many men with personality disorders. This might have been a reflection of their attendance to these kinds of problems, or a reflection of a lack of attendance to personality disorder behaviors by the Navy clinics. Although approximately 45% of the in-service men are diagnosed personality disorder, these men rarely reach retirement and have no formal relationship with the Navy after being discharged. Navy outpatient installations saw nearly four times as many men with situational maladjustments, primarily marital problems. It appeared that wives were also feeling some effects of whatever complications the Navy sample were experiencing. The Navy locations were seeing nearly twice as many men with no diagnosis, perhaps representing attendance by Navy doctors to people without problems, who simply needed to talk with someone and the formal availability of Navy facilities to retired Navy personnel.

On the whole, the military retiree of this study appeared to be a depressed man in need of help with his problems. Depression, (particularly psychotic depression), alcoholism, and schizophrenia were the primary diagnoses suggesting that the men who were experiencing psychiatric problems after retirement were experiencing crucial problems in adjustment.

Summary and Conclusions

The evidence suggests that retirement from the military may pose a psychiatric problem for some. Factors which facilitate transition to the retired role with minimal difficulties deserve investigation and identification. The implications of psychiatric retirement difficulties on these members of the work force could be of significance. The effects of these troubles

on functioning in retirement are important ones and health care facilities with any institutional relationship to a retired population might attend to the parameters affecting incidence and prevalence of problems in that population. These institutions might expect a predominance of serious psychiatric cases in their caseload and prepare for work with depression, alcoholism, and schizophrenia.

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The evidence suggest that retirement from the military may pose a psychiatric problem for some, even before the actual retirement commences. The effects of these troubles on functioning in retirement are important ones and health care facilities with any institutional relationship to a retired population might attend to the parameters affecting incidence and prevalence of problems in that population. These institutions might expect increased psychiatric caseloads and prepare for work with depression, alcoholism and schizophrenia. Factors which facilitate transition to the retired role with minimal difficulties are clearly defined.

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